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DATE: Wednesday, August 25, 2004

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Re: Petition Under 37 CFR §1.10 for Corrected Filing Date for  
Wayne M. Senesac, S/N 10/812,823

Please find enclosed the following documents: Petition Under 37 CFR §1.10 for Corrected Filing Date; United States Postal Service Track &amp; Confirm printout; United States Postal Service Pickup Service Statement for Express Mail, Priority Mail, or Parcel Post; a copy of Express Mail Label; and a copy of the Response to Request for Corrected Filing Receipt from the Patent Office. If you have any questions, please do not hesitate to contact me via telephone at (317) 713-4954.

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Serial No. 10/812,823

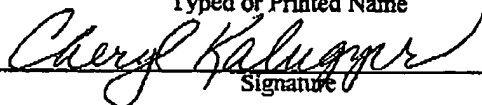
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APPLICATION NUMBER	FILING OR 371(c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/812,823	03/29/2004	Wayne M. Senesac	6196-8

CONFIRMATION NO. 5094

Woodard, Emhardt, Moriarty, McNett & Henry LLP  
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## RESPONSE TO REQUEST FOR CORRECTED FILING RECEIPT

Application Filing Date



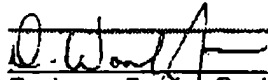
In response to your request for a corrected Filing Receipt, the Office cannot comply with your request because:

- ☐ If your application was submitted under 37 CFR 1.10, your filing date should be the "date in" found on the Express Mail label. If there is a discrepancy, a petition to accord a filing date should be submitted along with a copy of the Express Mail label showing the "date in" and be directed to the Office of Petitions.
- ☒ A copy of the Express Mail label was not enclosed with your request. Petitions under 37 CFR 1.10 require a copy of the Express Mail Label to be submitted.
- ☐ The "date in" on the Express Mail label is the date given on the Filing Receipt.
- ☐ The filing date accorded to the application is the date the application met the filing date requirements of 37 CFR 1.53(b) or (c).
- ☐ Applications submitted with a certificate of mailing under 37 CFR 1.8 are accorded a filing date as of the date the application is received in the U.S. Patent and Trademark Office. A request to review the filing date accorded to the application must be in the form of a petition.
- ☐ The filing date on your return postcard is the same as the date on your Filing Receipt. A request to review the filing date accorded to the application must be in the form of a petition.

A petition under 37 CFR 1.10, 37 CFR 1.53 or 37 CFR 1.182 is needed to request a change to the filing date. A \$130 petition fee is required for a petition under 1.53 or 1.182. If you choose to file a petition, the petition and the \$130 petition fee, if any, to:

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3.

Express Mail

Quantity

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CDA No.

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2	EL983135572US	7	EV433773366US	12	
3	EV433773370US	8		13	
4	EV334086159US	9		14	
5	EV334086318US	10		15	

7. Customer Signature



8a. USPS Signature

8b. Date of Pickup

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<b>OPEN HERE (POSTAL USE ONLY)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">PO # <b>16251</b></td> <td style="width: 30%;">Day of Delivery <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/></td> <td style="width: 40%;">First Rate Envelope <input checked="" type="checkbox"/></td> </tr> <tr> <td>Date Rec'd <b>3-29-04</b></td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> <td>Postage <b>\$</b></td> </tr> <tr> <td>Mo. Day Year <b>Mar 29 2004</b></td> <td><input type="checkbox"/> 1st Day <input type="checkbox"/> 3rd Day</td> <td>Return Receipt Fee <b>\$</b></td> </tr> <tr> <td>Time In <b>1:08</b></td> <td>Military <input type="checkbox"/></td> <td>Insurance Fee <b>\$</b></td> </tr> <tr> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> <td><input type="checkbox"/> 1st Day <input type="checkbox"/> 3rd Day</td> <td>COD Fee</td> </tr> <tr> <td>Weighs <b>7.3 lbs.</b></td> <td>Int'l Alpha Country Code</td> <td>Insurance Fee</td> </tr> <tr> <td>No Delivery <input type="checkbox"/></td> <td>Accepted by Addressee Initials <b>[Signature]</b></td> <td>Total Postage &amp; Fees <b>\$ 13.65</b></td> </tr> <tr> <td><input type="checkbox"/> Insured <input type="checkbox"/> Signature Required</td> <td colspan="2"></td> </tr> </table>			PO # <b>16251</b>	Day of Delivery <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/>	First Rate Envelope <input checked="" type="checkbox"/>	Date Rec'd <b>3-29-04</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM	Postage <b>\$</b>	Mo. Day Year <b>Mar 29 2004</b>	<input type="checkbox"/> 1st Day <input type="checkbox"/> 3rd Day	Return Receipt Fee <b>\$</b>	Time In <b>1:08</b>	Military <input type="checkbox"/>	Insurance Fee <b>\$</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 1st Day <input type="checkbox"/> 3rd Day	COD Fee	Weighs <b>7.3 lbs.</b>	Int'l Alpha Country Code	Insurance Fee	No Delivery <input type="checkbox"/>	Accepted by Addressee Initials <b>[Signature]</b>	Total Postage & Fees <b>\$ 13.65</b>	<input type="checkbox"/> Insured <input type="checkbox"/> Signature Required			<b>DELIVERY (POSTAL USE ONLY)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Delivery Attempt</td> <td style="width: 30%;">Time</td> <td style="width: 40%;">Employee Signature</td> </tr> <tr> <td>Mo. Day</td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> <td></td> </tr> <tr> <td>Delivery Attempt</td> <td>Time</td> <td>Employee Signature</td> </tr> <tr> <td>Mo. Day</td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> <td></td> </tr> <tr> <td>Delivery Date</td> <td>Time</td> <td>Employee Signature</td> </tr> <tr> <td>Mo. Day</td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> <td></td> </tr> </table> <p><small>I, _____, addressee or authorized delivery agent, hereby certify that I am the person who received this mail piece at the address shown above. If delivered to my residence, I am certifying that I am the resident of this premises. If delivered to my business, I am certifying that I am the owner, manager, or other responsible official of this business. If delivered to another location, I am certifying that I am the person in charge of this location. My signature is required if the mail piece contains a return receipt, insurance, or other value-added service. If the mail piece is delivered to a business, my signature is also required if it contains a return receipt, insurance, or other value-added service. If the mail piece is delivered to a residence, my signature is also required if it contains a return receipt, insurance, or other value-added service. If the mail piece is delivered to another location, my signature is also required if it contains a return receipt, insurance, or other value-added service. If the mail piece is delivered to a business, my signature is also required if it contains a return receipt, insurance, or other value-added service. If the mail piece is delivered to a residence, my signature is also required if it contains a return receipt, insurance, or other value-added service. If the mail piece is delivered to another location, my signature is also required if it contains a return receipt, insurance, or other value-added service.</small></p>			Delivery Attempt	Time	Employee Signature	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		Delivery Attempt	Time	Employee Signature	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		Delivery Date	Time	Employee Signature	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
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<b>FROM: (PLEASE PRINT)</b> MATTIE # <b>6196-8</b> , INITIALS: <b>CRS</b> WOODARD, ERHARDT, MORIARTY, MCNETT & HENRY LLP 111 MONUMENT CIR STE 3700 BANK ONE TOWER INDIANAPOLIS IN 46204-5137			<b>TO: (PLEASE PRINT)</b> MAIL STOP <b>PATENT APPLICATION</b> COMMISSIONER FOR PATENTS PO BOX 1450 ALEXANDRIA VA 22313-1450 <b>ENTERED MAR 31 2004</b>																																												